

EXHIBIT C



Florida Medicaid Casualty Recovery Program
PO Box 12188
Tallahassee, FL 32317-2188

Phone: 877-357-3268
Fax: 844-845-8352
Email: flsubro@xerox.com

Fax

To:	Lisa Van Rossum Garretson Resolution Group	From:	Veronica Fuller HMS
Fax:	9805058390	Date:	October 17, 2016
Phone:	7045594300	Pages:	1
Re:			

COMMENTS:

THIS FAX IS INTENDED ONLY FOR THE USE OF THE PERSON OR OFFICE TO WHOM IT IS ADDRESSED, AND CONTAINS PRIVILEGED OR CONFIDENTIAL INFORMATION PROTECTED BY LAW. ALL RECIPIENTS ARE HEREBY NOTIFIED THAT INADVERTENT OR UNAUTHORIZED RECEIPT DOES NOT WAIVE SUCH PRIVILEGE, AND THAT UNAUTHORIZED DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE DESTROY THE ATTACHED DOCUMENT(S) AND NOTIFY THE SENDER OF THE ERROR.



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Recovery Program
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October 17, 2016

Lisa Van Rossum
Garretson Resolution Group
4064 Colony Rd.
2nd Floor
Charlotte, NC 28211

**Our Case Number: 643812
Recipient: Justino Vargastrejo
Date of Incident: 12/03/2014**

Dear Lisa Van Rossum:

Xerox Recovery Services (Xerox) as a subcontractor to Health Management Systems is the authorized agent of the Agency for Health Care Administration (Agency) to operate the Florida Medicaid Casualty Recovery Program. Please review Florida Statute 409.910 to determine your responsibilities to Florida Medicaid.

We have recently reviewed our records and have determined there have not been any payments related to the above date of incident at this time. This is our final review of the paid claims and the case regarding this date of incident is now closed.

Keep in mind that if the Medicaid recipient is deceased, there may also be a claim filed in a probate proceeding under Florida Statute 409.9101, the Medicaid Estate Recovery Act.

Sincerely,

A handwritten signature in black ink, appearing to read "Veronica Fuller", with a stylized flourish at the end.

Veronica Fuller,
Case Manager,
(877) 357-3268, Ext. 7363



January 31, 2017

8305 1 AB 0.403
***ALL FOR AADC 190 R:8305 T:33 P:40 PC:3 F:696401
BEASLEY LAW FIRM
1125 WALNUT ST
PHILADELPHIA, PA 19107-4918

COPY
For Information Only



January 31, 2017

8305 1 AB 0.403
***ALL FOR AADC 190 R:8305 T:33 P:40 PC:3 F:696401
ESTATE OF JUSTINO T VARGAS
152 CASA BELLA LN
ST AUGUSTINE, FL 32086-1824



Beneficiary Name: VARGAS, JUSTINO T
Medicare Number: 100367155A
Case Identification Number: 20162 94090 00257
Insurer Policy Number: 100367155
Date of Incident: December 03, 2014

Subject: No Conditional Payments Identified by Medicare

Dear Estate of JUSTINO T VARGAS:

You previously received a letter notifying you of Medicare's priority right to recovery as defined under the Medicare Secondary Payer provision. To date, Medicare has not paid any Part A or Part B Fee-for-Service claims related to the date of incident referenced above.

If you believe that you have received this letter in error and that Medicare has made conditional



payments, please contact us immediately. Please be advised that we are still investigating this case file to obtain any other outstanding Medicare conditional payments, as Medicare may pay related claims in the future; therefore, when the case does settle, please complete and return the attached "Final Settlement Detail Document" to the address below.

Should Medicare identify paid claims that are related to your case, this information will be posted under the "MyMSP" tab of the www.mymedicare.gov website. The information at www.mymedicare.gov will be updated regularly with any changes or newly processed claims. If you wish, you may track the medical expenses that were paid by Medicare, and if you have an attorney or other representative, provide him/her with this information. This may help you or your attorney with finalizing your settlement.

If you have any questions concerning this matter, please contact the Benefits Coordination & Recovery Center (BCRC) by phone at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired), in writing at the address below, or by fax to 405-869-3309. When sending correspondence, please include the Beneficiary Name along with the Medicare and Case Identification Numbers (shown above).

Sincerely,

BCRC

CC: BEASLEY LAW FIRM

Enclosures: Final Settlement Detail Document
Payment Summary Form



Payment Summary Form

Report Number: RMCAN - 5-5
 Contractor: NGHP

Date:: 01/31/2017

Time: 06:17:49

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Beneficiary Name: VARGAS, JUSTINO T
 Beneficiary HICN: 100367155A

Case ID: 20162 94090 00257

Case Type: L – Liability

Date of Incident: 12/03/2014

TOS	ICN	Line #	Processing Contractor	Provider Name	ICD Indicator	Diagnosis Codes	From Date	To Date	Total Charges	Reimburse Amount	Conditional Payment
						Sum of Total Charges:			\$0.00		
						Total Conditional Charges:			\$0.00		



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